

ORGANIZATIONAL AFFILIATE (must be healthcare provider, unlimited individual members allowed)				
HIMSS Middle East Organizational Affiliate Sponsorship and Benefits	Executive USD12,000	Principal USD8,000	Pioneer USD4,000	Associate USD2,000
Membership				
Individual memberships for anyone at your organization	Unlimited	Unlimited	Unlimited	Unlimited
Education				
Complimentary registrations to HIMSS Middle East Annual Conference & Exhibition	12	8	4	2
Complimentary registration to HIMSS Annual Conference USA	4	3	2	1
Discounts on HIMSS International Conferences & Events	✓	✓	✓	✓
Discounts on Workshops & Masterclasses	✓	✓	✓	✓
Access to the HIMSS Learning Center	45	30	15	10
Complimentary online course vouchers (not including the CPHIMS Review Courses)	5	3	-	-
Networking				
e-Networking opportunities with members across the Middle East region	✓	✓	✓	✓
Participate in committees, task forces & workgroups	✓	✓	✓	✓
Professional Development				
CPHIMS exam discount	10%	10%	10%	10%
Discounts on hosting the CPHIMS exam at your organization	✓	✓	✓	✓
Marketing & Content Services				
Get recognized as a HIMSS Organizational Affiliate on your websites & marketing collaterals	✓	✓	✓	✓
Post your press releases & white papers on HIMSS Middle East website media portal	✓	✓	✓	✓
Publication & Industry News				
HIMSS Weekly Insider	✓	✓	✓	✓
Online Publications	✓	✓	✓	✓
Special Member Pricing on books, CD's & other publications	✓	✓	✓	✓
Tools & Resources				
Access to HIMSS US Member Center Over 200 implementation guides, toolkits, checklist, white papers & presentations Annual Compensation Survey HIMSS Value Suite case studies & more	✓	✓	✓	✓

Please complete the form below and mail or fax to: **HIMSS EMEA | Phone: +34 652 30 25 20 | Email: lileonart@himss.org**

Healthcare Organization Information

Provider Name _____ Provider Website _____ Date / / _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone () _____ Fax () _____

Primary Contact

Mr. Ms. Dr. Prof.

First Name _____ Middle Initial _____ Last Name _____

Title _____

Address (if different from above) _____

City _____ State _____ Zip Code _____ Country _____

Phone () _____ Fax () _____

HIMSS Organizational Affiliate Program Levels and Dues

Associate (USD2,000) Pioneer (USD4,000) Principal (USD8,000) Executive (USD12,000)

Adjustment \$ _____ (If applicable).

Total \$ _____ annual dues.

Payment \$ _____ in annual dues are enclosed or **Purchase Order Number** _____

Visa MasterCard Discover American Express Wire Transfer Check Enclosed

Card no. _____ Expiration Date / / _____ Name on Credit Card (please print) _____

Cardholder's Signature

Application may be faxed when paying by credit card. Tax 10#: 36-3906745

Please direct wire transfers to: JPMorgan Chase Bank, Chicago, IL (ABA: 071000013) favouring **HIMSS**, account number 5300097217.

Make check or money order payable to **HIMSS**. Mail to: HIMSS Membership, 6901 Eagle Way, Chicago, IL 60678-1690, USA.

Authorization

_____ (name of HCO) has agreed to join HIMSS as
a _____ Level Organizational Affiliate for the 12 month period beginning _____ (month) _____ (year).

_____ (name of HCO) understands that access to program benefits begin upon receipt of and approval
of this application. If payment is not sent we authorize HIMSS to invoice our firm.

Authorized Signature _____ Date / / _____